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JCC698 U.S. PTO  
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01/16/02

# UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 C.F.R. 1.53(b))

|   |  |  |  |
|---|--|--|--|
| <b>APPLICATION ELEMENTS</b><br><small>See MPEP chapter 600 concerning utility patent application contents.</small>  |  | <b>ADDRESS TO:</b><br>Assistant Commissioner for Patents<br>Box Patent Application<br>Washington, DC 20231   |  |
| <p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17)<br/><i>(Submit an original and a duplicate for fee processing)</i></p> <p>2. <input type="checkbox"/> Applicant claims small entity status.<br/>See 37 CFR 1.27.</p> <p>3. <input checked="" type="checkbox"/> Specification [Total Pages 13]<br/><i>(preferred arrangement set forth below)</i><br/>           - Descriptive title of the Invention<br/>           - Cross Reference to Related Applications<br/>           - Statement Regarding Fed sponsored R &amp; D<br/>           - Reference to sequence listing, a table, or a computer program listing appendix<br/>           - Background of the Invention<br/>           - Brief Summary of the Invention<br/>           - Brief Description of the Drawings (<i>if filed</i>)<br/>           - Detailed Description<br/>           - Claim(s)<br/>           - Abstract of the Disclosure</p> <p>4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 2]</p> <p>5. Oath or Declaration [Total Pages 4]</p> <p>a. <input type="checkbox"/> Newly executed (original or copy)<br/>           b. <input checked="" type="checkbox"/> Copy from a prior application (37 CFR 1.63 (d))<br/><i>(for a continuation/divisional with Box 18 completed).</i></p> <p>i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b><br/>Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</p> <p>6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76</p> |  | <p>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)</p> <p>8. Nucleotide and/or Amino Acid Sequence Submission<br/><i>(if applicable, all necessary)</i></p> <p>a. <input type="checkbox"/> Computer Readable Form (CRF)</p> <p>b. Specification Sequence Listing on:</p> <p>i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or</p> <p>ii. <input type="checkbox"/> paper</p> <p>c. <input type="checkbox"/> Statements verifying identity of above copies</p> |  |
| <b>ACCOMPANYING APPLICATIONS PARTS</b>  |  |  |  |
| <p>9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet &amp; document(s))</p> <p>10. <input type="checkbox"/> 37 C.F.R. §3.73(b) Statement <input type="checkbox"/> Power of Attorney</p> <p>11. <input type="checkbox"/> English Translation Document (<i>if applicable</i>)</p> <p>12. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations</p> <p>13. <input checked="" type="checkbox"/> Preliminary Amendment</p> <p>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)<br/><i>(Should be specifically itemized)</i></p> <p>15. <input type="checkbox"/> Certified Copy of Priority Document(s)<br/><i>(if foreign priority is claimed)</i></p> <p>16. <input checked="" type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.</p> <p>17. <input type="checkbox"/> Other:</p>   |  |  |  |

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

 Continuation     Divisional     Continuation-in-part (CIP)

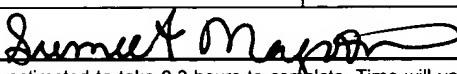
of prior application No: 09 / 303,266

Prior application information: Examiner \_\_\_\_\_

Group / Art Unit: \_\_\_\_\_

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

**17. CORRESPONDENCE ADDRESS**

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|   |   |   |                                   |                  |
| City  |   | State   | Zip Code                          |                  |
| Country   |   | Telephone   | Fax                               |                  |
| Name (Print/Type)   | Sumeet Magoon   |   | Registration No. (Attorney/Agent) | 43,769           |
| Signature   |  |   | Date                              | January 16, 2002 |

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

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# FEE TRANSMITTAL for FY 2002

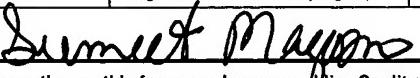
Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$ 740)

| Complete if Known    |                  |
|----------------------|------------------|
| Application Number   | Unassigned       |
| Filing Date          | January 16, 2002 |
| First Named Inventor | LO, et al.       |
| Examiner Name        | S. Nguyen        |
| Group / Art Unit     | 2683             |
| Attorney Docket No.  | 12177/13802      |

| METHOD OF PAYMENT (check one)   |                            |                 |              | FEE CALCULATION (continued)   |                 |              |                |          |              |              |                |          |                    |          |          |          |          |          |     |     |     |                    |                                     |  |     |    |     |    |  |  |                            |                            |                 |          |                           |     |     |       |                    |       |  |     |     |      |                   |      |  |     |     |        |                  |        |   |     |     |     |                    |    |  |     |     |     |                        |     |   |                            |                 |          |     |     |  |   |                        |       |     |     |   |    |                                   |       |     |     |  |     |                                       |     |     |     |                  |    |  |     |     |     |  |   |  |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |                                   |  |  |  |  |  |  |
|---|----------------------------|-----------------|--------------|---|-----------------|--------------|----------------|----------|--------------|--------------|----------------|----------|--------------------|----------|----------|----------|----------|----------|-----|-----|-----|--------------------|-------------------------------------|--|-----|----|-----|----|--|--|----------------------------|----------------------------|-----------------|----------|---------------------------|-----|-----|-------|--------------------|-------|--|-----|-----|------|-------------------|------|--|-----|-----|--------|------------------|--------|---|-----|-----|-----|--------------------|----|--|-----|-----|-----|------------------------|-----|---|----------------------------|-----------------|----------|-----|-----|--|---|------------------------|-------|-----|-----|---|----|-----------------------------------|-------|-----|-----|--|-----|---------------------------------------|-----|-----|-----|------------------|----|--|-----|-----|-----|--|---|--|-----|-----|-----|--------------------------|--|-----|-------|-----|-------|---|--|-----|-----|-----|----|----------------------------------|--|-----|-------|-----|-----|------------------------------------|--|-----|-------|-----|-----|--------------------------------|--|-----|-----|-----|-----|------------------|--|-----|-----|-----|-----|-----------------|--|-----|-----|-----|-----|-------------------------------|--|-----|----|-----|----|--------------------------------------|--|-----|-----|-----|-----|---|--|-----|----|-----|----|--|--|-----|-----|-----|-----|---|--|-----|-----|-----|-----|--|--|-----|-----|-----|-----|---|--|-----|-----|-----|-----|---|--|---------------------|--|--|--|--|--|--|-----------------------------------|--|--|--|--|--|--|
| <p>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:</p> <p>Deposit Account Number <input type="text" value="11-0600"/></p> <p>Deposit Account Name <input type="text" value="Kenyon &amp; Kenyon"/></p> <p><input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17</p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p>  |                            |                 |              | <p>3. ADDITIONAL FEES</p> <table border="1"> <thead> <tr> <th rowspan="2">Fee Code</th> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> </tr> </thead> <tbody> <tr> <td>105</td> <td>130</td> <td>205</td> <td>65</td> <td>Surcharge - late filing fee or oath</td> <td></td> </tr> <tr> <td>127</td> <td>50</td> <td>227</td> <td>25</td> <td>Surcharge - late provisional filing fee or cover sheet</td> <td></td> </tr> <tr> <td>139</td> <td>130</td> <td>139</td> <td>130</td> <td>Non-English specification</td> <td></td> </tr> <tr> <td>147</td> <td>2,520</td> <td>147</td> <td>2,520</td> <td>For filing a request for reexamination</td> <td></td> </tr> <tr> <td>112</td> <td>920*</td> <td>112</td> <td>920*</td> <td>Requesting publication of SIR prior to Examiner action</td> <td></td> </tr> <tr> <td>113</td> <td>1,840*</td> <td>113</td> <td>1,840*</td> <td>Requesting publication of SIR after Examiner action</td> <td></td> </tr> <tr> <td>115</td> <td>110</td> <td>215</td> <td>55</td> <td>Extension for reply within first month</td> <td></td> </tr> <tr> <td>116</td> <td>400</td> <td>216</td> <td>200</td> <td>Extension for reply within second month</td> <td></td> </tr> <tr> <td>117</td> <td>920</td> <td>217</td> <td>460</td> <td>Extension for reply within third month</td> <td></td> </tr> <tr> <td>118</td> <td>1,440</td> <td>218</td> <td>720</td> <td>Extension for reply within fourth month</td> <td></td> </tr> <tr> <td>128</td> <td>1,960</td> <td>228</td> <td>980</td> <td>Extension for reply within fifth month</td> <td></td> </tr> <tr> <td>119</td> <td>320</td> <td>219</td> <td>160</td> <td>Notice of Appeal</td> <td></td> </tr> <tr> <td>120</td> <td>320</td> <td>220</td> <td>160</td> <td>Filing a brief in support of an appeal</td> <td></td> </tr> <tr> <td>121</td> <td>280</td> <td>221</td> <td>140</td> <td>Request for oral hearing</td> <td></td> </tr> <tr> <td>138</td> <td>1,510</td> <td>138</td> <td>1,510</td> <td>Petition to institute a public use proceeding</td> <td></td> </tr> <tr> <td>140</td> <td>110</td> <td>240</td> <td>55</td> <td>Petition to revive – unavoidable</td> <td></td> </tr> <tr> <td>141</td> <td>1,280</td> <td>241</td> <td>640</td> <td>Petition to revive – unintentional</td> <td></td> </tr> <tr> <td>142</td> <td>1,280</td> <td>242</td> <td>640</td> <td>Utility issue fee (or reissue)</td> <td></td> </tr> <tr> <td>143</td> <td>460</td> <td>243</td> <td>230</td> <td>Design issue fee</td> <td></td> </tr> <tr> <td>144</td> <td>620</td> <td>244</td> <td>310</td> <td>Plant issue fee</td> <td></td> </tr> <tr> <td>122</td> <td>130</td> <td>122</td> <td>130</td> <td>Petitions to the Commissioner</td> <td></td> </tr> <tr> <td>123</td> <td>50</td> <td>123</td> <td>50</td> <td>Processing fee under 37 CFR 1.17 (q)</td> <td></td> </tr> <tr> <td>126</td> <td>180</td> <td>126</td> <td>180</td> <td>Submission of Information Disclosure Stmt</td> <td></td> </tr> <tr> <td>581</td> <td>40</td> <td>581</td> <td>40</td> <td>Recording each patent assignment per property (times number of properties)</td> <td></td> </tr> <tr> <td>146</td> <td>740</td> <td>246</td> <td>370</td> <td>Filing a submission after final rejection (37 CFR § 1.129(a))</td> <td></td> </tr> <tr> <td>149</td> <td>740</td> <td>249</td> <td>370</td> <td>For each additional invention to be examined (37 CFR § 1.129(b))</td> <td></td> </tr> <tr> <td>179</td> <td>740</td> <td>279</td> <td>370</td> <td>Request for Continued Examination (RCE)</td> <td></td> </tr> <tr> <td>169</td> <td>900</td> <td>169</td> <td>900</td> <td>Request for expedited examination of a design application</td> <td></td> </tr> <tr> <td colspan="4">Other fee (specify)</td> <td colspan="3">SUBTOTAL (3) <input type="text" value="(\$ 0)"/></td> </tr> <tr> <td colspan="4">*Reduced by Basic Filing Fee Paid</td> <td colspan="3">SUBTOTAL (3) <input type="text" value="(\$ 0)"/></td> </tr> </tbody> </table> |                 |              |                | Fee Code | Large Entity |              | Small Entity   |          | Fee Description    | Fee Paid | Fee (\$) | Fee Code | Fee (\$) | Fee Code | 105 | 130 | 205 | 65                 | Surcharge - late filing fee or oath |  | 127 | 50 | 227 | 25 | Surcharge - late provisional filing fee or cover sheet |  | 139                        | 130                        | 139             | 130      | Non-English specification |     | 147 | 2,520 | 147                | 2,520 | For filing a request for reexamination |     | 112 | 920* | 112               | 920* | Requesting publication of SIR prior to Examiner action |     | 113 | 1,840* | 113              | 1,840* | Requesting publication of SIR after Examiner action |     | 115 | 110 | 215                | 55 | Extension for reply within first month |     | 116 | 400 | 216                    | 200 | Extension for reply within second month |                            | 117             | 920      | 217 | 460 | Extension for reply within third month |   | 118                    | 1,440 | 218 | 720 | Extension for reply within fourth month |    | 128                               | 1,960 | 228 | 980 | Extension for reply within fifth month |     | 119                                   | 320 | 219 | 160 | Notice of Appeal |    | 120  | 320 | 220 | 160 | Filing a brief in support of an appeal |   | 121  | 280 | 221 | 140 | Request for oral hearing |  | 138 | 1,510 | 138 | 1,510 | Petition to institute a public use proceeding |  | 140 | 110 | 240 | 55 | Petition to revive – unavoidable |  | 141 | 1,280 | 241 | 640 | Petition to revive – unintentional |  | 142 | 1,280 | 242 | 640 | Utility issue fee (or reissue) |  | 143 | 460 | 243 | 230 | Design issue fee |  | 144 | 620 | 244 | 310 | Plant issue fee |  | 122 | 130 | 122 | 130 | Petitions to the Commissioner |  | 123 | 50 | 123 | 50 | Processing fee under 37 CFR 1.17 (q) |  | 126 | 180 | 126 | 180 | Submission of Information Disclosure Stmt |  | 581 | 40 | 581 | 40 | Recording each patent assignment per property (times number of properties) |  | 146 | 740 | 246 | 370 | Filing a submission after final rejection (37 CFR § 1.129(a)) |  | 149 | 740 | 249 | 370 | For each additional invention to be examined (37 CFR § 1.129(b)) |  | 179 | 740 | 279 | 370 | Request for Continued Examination (RCE) |  | 169 | 900 | 169 | 900 | Request for expedited examination of a design application |  | Other fee (specify) |  |  |  | SUBTOTAL (3) <input type="text" value="(\$ 0)"/> |  |  | *Reduced by Basic Filing Fee Paid |  |  |  | SUBTOTAL (3) <input type="text" value="(\$ 0)"/> |  |  |
| Fee Code  | Large Entity               |                 | Small Entity |   | Fee Description | Fee Paid     |                |          |              |              |                |          |                    |          |          |          |          |          |     |     |     |                    |                                     |  |     |    |     |    |  |  |                            |                            |                 |          |                           |     |     |       |                    |       |  |     |     |      |                   |      |  |     |     |        |                  |        |   |     |     |     |                    |    |  |     |     |     |                        |     |   |                            |                 |          |     |     |  |   |                        |       |     |     |   |    |                                   |       |     |     |  |     |                                       |     |     |     |                  |    |  |     |     |     |  |   |  |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |                                   |  |  |  |  |  |  |
|   | Fee (\$)                   | Fee Code        | Fee (\$)     | Fee Code  |                 |              |                |          |              |              |                |          |                    |          |          |          |          |          |     |     |     |                    |                                     |  |     |    |     |    |  |  |                            |                            |                 |          |                           |     |     |       |                    |       |  |     |     |      |                   |      |  |     |     |        |                  |        |   |     |     |     |                    |    |  |     |     |     |                        |     |   |                            |                 |          |     |     |  |   |                        |       |     |     |   |    |                                   |       |     |     |  |     |                                       |     |     |     |                  |    |  |     |     |     |  |   |  |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |                                   |  |  |  |  |  |  |
| 105   | 130                        | 205             | 65           | Surcharge - late filing fee or oath   |                 |              |                |          |              |              |                |          |                    |          |          |          |          |          |     |     |     |                    |                                     |  |     |    |     |    |  |  |                            |                            |                 |          |                           |     |     |       |                    |       |  |     |     |      |                   |      |  |     |     |        |                  |        |   |     |     |     |                    |    |  |     |     |     |                        |     |   |                            |                 |          |     |     |  |   |                        |       |     |     |   |    |                                   |       |     |     |  |     |                                       |     |     |     |                  |    |  |     |     |     |  |   |  |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |                                   |  |  |  |  |  |  |
| 127   | 50                         | 227             | 25           | Surcharge - late provisional filing fee or cover sheet  |                 |              |                |          |              |              |                |          |                    |          |          |          |          |          |     |     |     |                    |                                     |  |     |    |     |    |  |  |                            |                            |                 |          |                           |     |     |       |                    |       |  |     |     |      |                   |      |  |     |     |        |                  |        |   |     |     |     |                    |    |  |     |     |     |                        |     |   |                            |                 |          |     |     |  |   |                        |       |     |     |   |    |                                   |       |     |     |  |     |                                       |     |     |     |                  |    |  |     |     |     |  |   |  |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |                                   |  |  |  |  |  |  |
| 139   | 130                        | 139             | 130          | Non-English specification   |                 |              |                |          |              |              |                |          |                    |          |          |          |          |          |     |     |     |                    |                                     |  |     |    |     |    |  |  |                            |                            |                 |          |                           |     |     |       |                    |       |  |     |     |      |                   |      |  |     |     |        |                  |        |   |     |     |     |                    |    |  |     |     |     |                        |     |   |                            |                 |          |     |     |  |   |                        |       |     |     |   |    |                                   |       |     |     |  |     |                                       |     |     |     |                  |    |  |     |     |     |  |   |  |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |                                   |  |  |  |  |  |  |
| 147   | 2,520                      | 147             | 2,520        | For filing a request for reexamination  |                 |              |                |          |              |              |                |          |                    |          |          |          |          |          |     |     |     |                    |                                     |  |     |    |     |    |  |  |                            |                            |                 |          |                           |     |     |       |                    |       |  |     |     |      |                   |      |  |     |     |        |                  |        |   |     |     |     |                    |    |  |     |     |     |                        |     |   |                            |                 |          |     |     |  |   |                        |       |     |     |   |    |                                   |       |     |     |  |     |                                       |     |     |     |                  |    |  |     |     |     |  |   |  |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |                                   |  |  |  |  |  |  |
| 112   | 920*                       | 112             | 920*         | Requesting publication of SIR prior to Examiner action  |                 |              |                |          |              |              |                |          |                    |          |          |          |          |          |     |     |     |                    |                                     |  |     |    |     |    |  |  |                            |                            |                 |          |                           |     |     |       |                    |       |  |     |     |      |                   |      |  |     |     |        |                  |        |   |     |     |     |                    |    |  |     |     |     |                        |     |   |                            |                 |          |     |     |  |   |                        |       |     |     |   |    |                                   |       |     |     |  |     |                                       |     |     |     |                  |    |  |     |     |     |  |   |  |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |                                   |  |  |  |  |  |  |
| 113   | 1,840*                     | 113             | 1,840*       | Requesting publication of SIR after Examiner action   |                 |              |                |          |              |              |                |          |                    |          |          |          |          |          |     |     |     |                    |                                     |  |     |    |     |    |  |  |                            |                            |                 |          |                           |     |     |       |                    |       |  |     |     |      |                   |      |  |     |     |        |                  |        |   |     |     |     |                    |    |  |     |     |     |                        |     |   |                            |                 |          |     |     |  |   |                        |       |     |     |   |    |                                   |       |     |     |  |     |                                       |     |     |     |                  |    |  |     |     |     |  |   |  |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |                                   |  |  |  |  |  |  |
| 115   | 110                        | 215             | 55           | Extension for reply within first month  |                 |              |                |          |              |              |                |          |                    |          |          |          |          |          |     |     |     |                    |                                     |  |     |    |     |    |  |  |                            |                            |                 |          |                           |     |     |       |                    |       |  |     |     |      |                   |      |  |     |     |        |                  |        |   |     |     |     |                    |    |  |     |     |     |                        |     |   |                            |                 |          |     |     |  |   |                        |       |     |     |   |    |                                   |       |     |     |  |     |                                       |     |     |     |                  |    |  |     |     |     |  |   |  |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |                                   |  |  |  |  |  |  |
| 116   | 400                        | 216             | 200          | Extension for reply within second month   |                 |              |                |          |              |              |                |          |                    |          |          |          |          |          |     |     |     |                    |                                     |  |     |    |     |    |  |  |                            |                            |                 |          |                           |     |     |       |                    |       |  |     |     |      |                   |      |  |     |     |        |                  |        |   |     |     |     |                    |    |  |     |     |     |                        |     |   |                            |                 |          |     |     |  |   |                        |       |     |     |   |    |                                   |       |     |     |  |     |                                       |     |     |     |                  |    |  |     |     |     |  |   |  |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |                                   |  |  |  |  |  |  |
| 117   | 920                        | 217             | 460          | Extension for reply within third month  |                 |              |                |          |              |              |                |          |                    |          |          |          |          |          |     |     |     |                    |                                     |  |     |    |     |    |  |  |                            |                            |                 |          |                           |     |     |       |                    |       |  |     |     |      |                   |      |  |     |     |        |                  |        |   |     |     |     |                    |    |  |     |     |     |                        |     |   |                            |                 |          |     |     |  |   |                        |       |     |     |   |    |                                   |       |     |     |  |     |                                       |     |     |     |                  |    |  |     |     |     |  |   |  |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |                                   |  |  |  |  |  |  |
| 118   | 1,440                      | 218             | 720          | Extension for reply within fourth month   |                 |              |                |          |              |              |                |          |                    |          |          |          |          |          |     |     |     |                    |                                     |  |     |    |     |    |  |  |                            |                            |                 |          |                           |     |     |       |                    |       |  |     |     |      |                   |      |  |     |     |        |                  |        |   |     |     |     |                    |    |  |     |     |     |                        |     |   |                            |                 |          |     |     |  |   |                        |       |     |     |   |    |                                   |       |     |     |  |     |                                       |     |     |     |                  |    |  |     |     |     |  |   |  |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |                                   |  |  |  |  |  |  |
| 128   | 1,960                      | 228             | 980          | Extension for reply within fifth month  |                 |              |                |          |              |              |                |          |                    |          |          |          |          |          |     |     |     |                    |                                     |  |     |    |     |    |  |  |                            |                            |                 |          |                           |     |     |       |                    |       |  |     |     |      |                   |      |  |     |     |        |                  |        |   |     |     |     |                    |    |  |     |     |     |                        |     |   |                            |                 |          |     |     |  |   |                        |       |     |     |   |    |                                   |       |     |     |  |     |                                       |     |     |     |                  |    |  |     |     |     |  |   |  |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |                                   |  |  |  |  |  |  |
| 119   | 320                        | 219             | 160          | Notice of Appeal  |                 |              |                |          |              |              |                |          |                    |          |          |          |          |          |     |     |     |                    |                                     |  |     |    |     |    |  |  |                            |                            |                 |          |                           |     |     |       |                    |       |  |     |     |      |                   |      |  |     |     |        |                  |        |   |     |     |     |                    |    |  |     |     |     |                        |     |   |                            |                 |          |     |     |  |   |                        |       |     |     |   |    |                                   |       |     |     |  |     |                                       |     |     |     |                  |    |  |     |     |     |  |   |  |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |                                   |  |  |  |  |  |  |
| 120   | 320                        | 220             | 160          | Filing a brief in support of an appeal  |                 |              |                |          |              |              |                |          |                    |          |          |          |          |          |     |     |     |                    |                                     |  |     |    |     |    |  |  |                            |                            |                 |          |                           |     |     |       |                    |       |  |     |     |      |                   |      |  |     |     |        |                  |        |   |     |     |     |                    |    |  |     |     |     |                        |     |   |                            |                 |          |     |     |  |   |                        |       |     |     |   |    |                                   |       |     |     |  |     |                                       |     |     |     |                  |    |  |     |     |     |  |   |  |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |                                   |  |  |  |  |  |  |
| 121   | 280                        | 221             | 140          | Request for oral hearing  |                 |              |                |          |              |              |                |          |                    |          |          |          |          |          |     |     |     |                    |                                     |  |     |    |     |    |  |  |                            |                            |                 |          |                           |     |     |       |                    |       |  |     |     |      |                   |      |  |     |     |        |                  |        |   |     |     |     |                    |    |  |     |     |     |                        |     |   |                            |                 |          |     |     |  |   |                        |       |     |     |   |    |                                   |       |     |     |  |     |                                       |     |     |     |                  |    |  |     |     |     |  |   |  |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |                                   |  |  |  |  |  |  |
| 138   | 1,510                      | 138             | 1,510        | Petition to institute a public use proceeding   |                 |              |                |          |              |              |                |          |                    |          |          |          |          |          |     |     |     |                    |                                     |  |     |    |     |    |  |  |                            |                            |                 |          |                           |     |     |       |                    |       |  |     |     |      |                   |      |  |     |     |        |                  |        |   |     |     |     |                    |    |  |     |     |     |                        |     |   |                            |                 |          |     |     |  |   |                        |       |     |     |   |    |                                   |       |     |     |  |     |                                       |     |     |     |                  |    |  |     |     |     |  |   |  |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |                                   |  |  |  |  |  |  |
| 140   | 110                        | 240             | 55           | Petition to revive – unavoidable  |                 |              |                |          |              |              |                |          |                    |          |          |          |          |          |     |     |     |                    |                                     |  |     |    |     |    |  |  |                            |                            |                 |          |                           |     |     |       |                    |       |  |     |     |      |                   |      |  |     |     |        |                  |        |   |     |     |     |                    |    |  |     |     |     |                        |     |   |                            |                 |          |     |     |  |   |                        |       |     |     |   |    |                                   |       |     |     |  |     |                                       |     |     |     |                  |    |  |     |     |     |  |   |  |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |                                   |  |  |  |  |  |  |
| 141   | 1,280                      | 241             | 640          | Petition to revive – unintentional  |                 |              |                |          |              |              |                |          |                    |          |          |          |          |          |     |     |     |                    |                                     |  |     |    |     |    |  |  |                            |                            |                 |          |                           |     |     |       |                    |       |  |     |     |      |                   |      |  |     |     |        |                  |        |   |     |     |     |                    |    |  |     |     |     |                        |     |   |                            |                 |          |     |     |  |   |                        |       |     |     |   |    |                                   |       |     |     |  |     |                                       |     |     |     |                  |    |  |     |     |     |  |   |  |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |                                   |  |  |  |  |  |  |
| 142   | 1,280                      | 242             | 640          | Utility issue fee (or reissue)  |                 |              |                |          |              |              |                |          |                    |          |          |          |          |          |     |     |     |                    |                                     |  |     |    |     |    |  |  |                            |                            |                 |          |                           |     |     |       |                    |       |  |     |     |      |                   |      |  |     |     |        |                  |        |   |     |     |     |                    |    |  |     |     |     |                        |     |   |                            |                 |          |     |     |  |   |                        |       |     |     |   |    |                                   |       |     |     |  |     |                                       |     |     |     |                  |    |  |     |     |     |  |   |  |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |                                   |  |  |  |  |  |  |
| 143   | 460                        | 243             | 230          | Design issue fee  |                 |              |                |          |              |              |                |          |                    |          |          |          |          |          |     |     |     |                    |                                     |  |     |    |     |    |  |  |                            |                            |                 |          |                           |     |     |       |                    |       |  |     |     |      |                   |      |  |     |     |        |                  |        |   |     |     |     |                    |    |  |     |     |     |                        |     |   |                            |                 |          |     |     |  |   |                        |       |     |     |   |    |                                   |       |     |     |  |     |                                       |     |     |     |                  |    |  |     |     |     |  |   |  |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |                                   |  |  |  |  |  |  |
| 144   | 620                        | 244             | 310          | Plant issue fee   |                 |              |                |          |              |              |                |          |                    |          |          |          |          |          |     |     |     |                    |                                     |  |     |    |     |    |  |  |                            |                            |                 |          |                           |     |     |       |                    |       |  |     |     |      |                   |      |  |     |     |        |                  |        |   |     |     |     |                    |    |  |     |     |     |                        |     |   |                            |                 |          |     |     |  |   |                        |       |     |     |   |    |                                   |       |     |     |  |     |                                       |     |     |     |                  |    |  |     |     |     |  |   |  |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |                                   |  |  |  |  |  |  |
| 122   | 130                        | 122             | 130          | Petitions to the Commissioner   |                 |              |                |          |              |              |                |          |                    |          |          |          |          |          |     |     |     |                    |                                     |  |     |    |     |    |  |  |                            |                            |                 |          |                           |     |     |       |                    |       |  |     |     |      |                   |      |  |     |     |        |                  |        |   |     |     |     |                    |    |  |     |     |     |                        |     |   |                            |                 |          |     |     |  |   |                        |       |     |     |   |    |                                   |       |     |     |  |     |                                       |     |     |     |                  |    |  |     |     |     |  |   |  |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |                                   |  |  |  |  |  |  |
| 123   | 50                         | 123             | 50           | Processing fee under 37 CFR 1.17 (q)  |                 |              |                |          |              |              |                |          |                    |          |          |          |          |          |     |     |     |                    |                                     |  |     |    |     |    |  |  |                            |                            |                 |          |                           |     |     |       |                    |       |  |     |     |      |                   |      |  |     |     |        |                  |        |   |     |     |     |                    |    |  |     |     |     |                        |     |   |                            |                 |          |     |     |  |   |                        |       |     |     |   |    |                                   |       |     |     |  |     |                                       |     |     |     |                  |    |  |     |     |     |  |   |  |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |                                   |  |  |  |  |  |  |
| 126   | 180                        | 126             | 180          | Submission of Information Disclosure Stmt   |                 |              |                |          |              |              |                |          |                    |          |          |          |          |          |     |     |     |                    |                                     |  |     |    |     |    |  |  |                            |                            |                 |          |                           |     |     |       |                    |       |  |     |     |      |                   |      |  |     |     |        |                  |        |   |     |     |     |                    |    |  |     |     |     |                        |     |   |                            |                 |          |     |     |  |   |                        |       |     |     |   |    |                                   |       |     |     |  |     |                                       |     |     |     |                  |    |  |     |     |     |  |   |  |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |                                   |  |  |  |  |  |  |
| 581   | 40                         | 581             | 40           | Recording each patent assignment per property (times number of properties)  |                 |              |                |          |              |              |                |          |                    |          |          |          |          |          |     |     |     |                    |                                     |  |     |    |     |    |  |  |                            |                            |                 |          |                           |     |     |       |                    |       |  |     |     |      |                   |      |  |     |     |        |                  |        |   |     |     |     |                    |    |  |     |     |     |                        |     |   |                            |                 |          |     |     |  |   |                        |       |     |     |   |    |                                   |       |     |     |  |     |                                       |     |     |     |                  |    |  |     |     |     |  |   |  |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |                                   |  |  |  |  |  |  |
| 146   | 740                        | 246             | 370          | Filing a submission after final rejection (37 CFR § 1.129(a))   |                 |              |                |          |              |              |                |          |                    |          |          |          |          |          |     |     |     |                    |                                     |  |     |    |     |    |  |  |                            |                            |                 |          |                           |     |     |       |                    |       |  |     |     |      |                   |      |  |     |     |        |                  |        |   |     |     |     |                    |    |  |     |     |     |                        |     |   |                            |                 |          |     |     |  |   |                        |       |     |     |   |    |                                   |       |     |     |  |     |                                       |     |     |     |                  |    |  |     |     |     |  |   |  |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |                                   |  |  |  |  |  |  |
| 149   | 740                        | 249             | 370          | For each additional invention to be examined (37 CFR § 1.129(b))  |                 |              |                |          |              |              |                |          |                    |          |          |          |          |          |     |     |     |                    |                                     |  |     |    |     |    |  |  |                            |                            |                 |          |                           |     |     |       |                    |       |  |     |     |      |                   |      |  |     |     |        |                  |        |   |     |     |     |                    |    |  |     |     |     |                        |     |   |                            |                 |          |     |     |  |   |                        |       |     |     |   |    |                                   |       |     |     |  |     |                                       |     |     |     |                  |    |  |     |     |     |  |   |  |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |                                   |  |  |  |  |  |  |
| 179   | 740                        | 279             | 370          | Request for Continued Examination (RCE)   |                 |              |                |          |              |              |                |          |                    |          |          |          |          |          |     |     |     |                    |                                     |  |     |    |     |    |  |  |                            |                            |                 |          |                           |     |     |       |                    |       |  |     |     |      |                   |      |  |     |     |        |                  |        |   |     |     |     |                    |    |  |     |     |     |                        |     |   |                            |                 |          |     |     |  |   |                        |       |     |     |   |    |                                   |       |     |     |  |     |                                       |     |     |     |                  |    |  |     |     |     |  |   |  |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |                                   |  |  |  |  |  |  |
| 169   | 900                        | 169             | 900          | Request for expedited examination of a design application   |                 |              |                |          |              |              |                |          |                    |          |          |          |          |          |     |     |     |                    |                                     |  |     |    |     |    |  |  |                            |                            |                 |          |                           |     |     |       |                    |       |  |     |     |      |                   |      |  |     |     |        |                  |        |   |     |     |     |                    |    |  |     |     |     |                        |     |   |                            |                 |          |     |     |  |   |                        |       |     |     |   |    |                                   |       |     |     |  |     |                                       |     |     |     |                  |    |  |     |     |     |  |   |  |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |                                   |  |  |  |  |  |  |
| Other fee (specify)   |                            |                 |              | SUBTOTAL (3) <input type="text" value="(\$ 0)"/>  |                 |              |                |          |              |              |                |          |                    |          |          |          |          |          |     |     |     |                    |                                     |  |     |    |     |    |  |  |                            |                            |                 |          |                           |     |     |       |                    |       |  |     |     |      |                   |      |  |     |     |        |                  |        |   |     |     |     |                    |    |  |     |     |     |                        |     |   |                            |                 |          |     |     |  |   |                        |       |     |     |   |    |                                   |       |     |     |  |     |                                       |     |     |     |                  |    |  |     |     |     |  |   |  |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |                                   |  |  |  |  |  |  |
| *Reduced by Basic Filing Fee Paid   |                            |                 |              | SUBTOTAL (3) <input type="text" value="(\$ 0)"/>  |                 |              |                |          |              |              |                |          |                    |          |          |          |          |          |     |     |     |                    |                                     |  |     |    |     |    |  |  |                            |                            |                 |          |                           |     |     |       |                    |       |  |     |     |      |                   |      |  |     |     |        |                  |        |   |     |     |     |                    |    |  |     |     |     |                        |     |   |                            |                 |          |     |     |  |   |                        |       |     |     |   |    |                                   |       |     |     |  |     |                                       |     |     |     |                  |    |  |     |     |     |  |   |  |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |                                   |  |  |  |  |  |  |
| <p>2. EXTRA CLAIM FEES</p> <table border="1"> <thead> <tr> <th>Total Claims</th> <th>8</th> <th>-20 **</th> <th>= 0</th> <th>X 18</th> <th>= 0</th> <th>Extra Claims</th> <th>Fee from below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>Independent Claims</td> <td>2</td> <td>-3 **</td> <td>= 0</td> <td>X 84</td> <td>= 0</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Multiple Dependent</td> <td></td> <td></td> <td></td> <td>X</td> <td>= 0</td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p>3. BASIC FILING FEE</p> <table border="1"> <thead> <tr> <th>Large Entity Fee Code (\$)</th> <th>Small Entity Fee Code (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>101</td> <td>740</td> <td>201</td> <td>370</td> <td>Utility filing fee</td> <td>740</td> </tr> <tr> <td>106</td> <td>330</td> <td>206</td> <td>165</td> <td>Design filing fee</td> <td></td> </tr> <tr> <td>107</td> <td>510</td> <td>207</td> <td>255</td> <td>Plant filing fee</td> <td></td> </tr> <tr> <td>108</td> <td>740</td> <td>208</td> <td>370</td> <td>Reissue filing fee</td> <td></td> </tr> <tr> <td>114</td> <td>160</td> <td>214</td> <td>80</td> <td>Provisional filing fee</td> <td></td> </tr> </tbody> </table> <p>SUBTOTAL (1) <input type="text" value="(\$ 740)"/></p> <p>4. EXTRA CLAIM FEES</p> <table border="1"> <thead> <tr> <th>Large Entity Fee Code (\$)</th> <th>Small Entity Fee Code (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>103</td> <td>18</td> <td>203</td> <td>9</td> <td>Claims in excess of 20</td> <td></td> </tr> <tr> <td>102</td> <td>84</td> <td>202</td> <td>42</td> <td>Independent claims in excess of 3</td> <td></td> </tr> <tr> <td>104</td> <td>280</td> <td>204</td> <td>140</td> <td>Multiple dependent claim, if not paid</td> <td></td> </tr> <tr> <td>109</td> <td>84</td> <td>209</td> <td>42</td> <td>** Reissue independent claims over original patent</td> <td></td> </tr> <tr> <td>110</td> <td>18</td> <td>210</td> <td>9</td> <td>** Reissue claims in excess of 20 and over original patent</td> <td></td> </tr> </tbody> </table> <p>SUBTOTAL (2) <input type="text" value="(\$ 0)"/></p> |                            |                 |              | Total Claims  | 8               | -20 **       | = 0            | X 18     | = 0          | Extra Claims | Fee from below | Fee Paid | Independent Claims | 2        | -3 **    | = 0      | X 84     | = 0      |     |     |     | Multiple Dependent |                                     |  |     | X  | = 0 |    |  |  | Large Entity Fee Code (\$) | Small Entity Fee Code (\$) | Fee Description | Fee Paid | 101                       | 740 | 201 | 370   | Utility filing fee | 740   | 106                                    | 330 | 206 | 165  | Design filing fee |      | 107  | 510 | 207 | 255    | Plant filing fee |        | 108   | 740 | 208 | 370 | Reissue filing fee |    | 114                                    | 160 | 214 | 80  | Provisional filing fee |     | Large Entity Fee Code (\$)              | Small Entity Fee Code (\$) | Fee Description | Fee Paid | 103 | 18  | 203                                    | 9 | Claims in excess of 20 |       | 102 | 84  | 202                                     | 42 | Independent claims in excess of 3 |       | 104 | 280 | 204                                    | 140 | Multiple dependent claim, if not paid |     | 109 | 84  | 209              | 42 | ** Reissue independent claims over original patent |     | 110 | 18  | 210                                    | 9 | ** Reissue claims in excess of 20 and over original patent |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |                                   |  |  |  |  |  |  |
| Total Claims  | 8                          | -20 **          | = 0          | X 18  | = 0             | Extra Claims | Fee from below | Fee Paid |              |              |                |          |                    |          |          |          |          |          |     |     |     |                    |                                     |  |     |    |     |    |  |  |                            |                            |                 |          |                           |     |     |       |                    |       |  |     |     |      |                   |      |  |     |     |        |                  |        |   |     |     |     |                    |    |  |     |     |     |                        |     |   |                            |                 |          |     |     |  |   |                        |       |     |     |   |    |                                   |       |     |     |  |     |                                       |     |     |     |                  |    |  |     |     |     |  |   |  |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |                                   |  |  |  |  |  |  |
| Independent Claims  | 2                          | -3 **           | = 0          | X 84  | = 0             |              |                |          |              |              |                |          |                    |          |          |          |          |          |     |     |     |                    |                                     |  |     |    |     |    |  |  |                            |                            |                 |          |                           |     |     |       |                    |       |  |     |     |      |                   |      |  |     |     |        |                  |        |   |     |     |     |                    |    |  |     |     |     |                        |     |   |                            |                 |          |     |     |  |   |                        |       |     |     |   |    |                                   |       |     |     |  |     |                                       |     |     |     |                  |    |  |     |     |     |  |   |  |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |                                   |  |  |  |  |  |  |
| Multiple Dependent  |                            |                 |              | X   | = 0             |              |                |          |              |              |                |          |                    |          |          |          |          |          |     |     |     |                    |                                     |  |     |    |     |    |  |  |                            |                            |                 |          |                           |     |     |       |                    |       |  |     |     |      |                   |      |  |     |     |        |                  |        |   |     |     |     |                    |    |  |     |     |     |                        |     |   |                            |                 |          |     |     |  |   |                        |       |     |     |   |    |                                   |       |     |     |  |     |                                       |     |     |     |                  |    |  |     |     |     |  |   |  |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |                                   |  |  |  |  |  |  |
| Large Entity Fee Code (\$)  | Small Entity Fee Code (\$) | Fee Description | Fee Paid     |   |                 |              |                |          |              |              |                |          |                    |          |          |          |          |          |     |     |     |                    |                                     |  |     |    |     |    |  |  |                            |                            |                 |          |                           |     |     |       |                    |       |  |     |     |      |                   |      |  |     |     |        |                  |        |   |     |     |     |                    |    |  |     |     |     |                        |     |   |                            |                 |          |     |     |  |   |                        |       |     |     |   |    |                                   |       |     |     |  |     |                                       |     |     |     |                  |    |  |     |     |     |  |   |  |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |                                   |  |  |  |  |  |  |
| 101   | 740                        | 201             | 370          | Utility filing fee  | 740             |              |                |          |              |              |                |          |                    |          |          |          |          |          |     |     |     |                    |                                     |  |     |    |     |    |  |  |                            |                            |                 |          |                           |     |     |       |                    |       |  |     |     |      |                   |      |  |     |     |        |                  |        |   |     |     |     |                    |    |  |     |     |     |                        |     |   |                            |                 |          |     |     |  |   |                        |       |     |     |   |    |                                   |       |     |     |  |     |                                       |     |     |     |                  |    |  |     |     |     |  |   |  |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |                                   |  |  |  |  |  |  |
| 106   | 330                        | 206             | 165          | Design filing fee   |                 |              |                |          |              |              |                |          |                    |          |          |          |          |          |     |     |     |                    |                                     |  |     |    |     |    |  |  |                            |                            |                 |          |                           |     |     |       |                    |       |  |     |     |      |                   |      |  |     |     |        |                  |        |   |     |     |     |                    |    |  |     |     |     |                        |     |   |                            |                 |          |     |     |  |   |                        |       |     |     |   |    |                                   |       |     |     |  |     |                                       |     |     |     |                  |    |  |     |     |     |  |   |  |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |                                   |  |  |  |  |  |  |
| 107   | 510                        | 207             | 255          | Plant filing fee  |                 |              |                |          |              |              |                |          |                    |          |          |          |          |          |     |     |     |                    |                                     |  |     |    |     |    |  |  |                            |                            |                 |          |                           |     |     |       |                    |       |  |     |     |      |                   |      |  |     |     |        |                  |        |   |     |     |     |                    |    |  |     |     |     |                        |     |   |                            |                 |          |     |     |  |   |                        |       |     |     |   |    |                                   |       |     |     |  |     |                                       |     |     |     |                  |    |  |     |     |     |  |   |  |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |                                   |  |  |  |  |  |  |
| 108   | 740                        | 208             | 370          | Reissue filing fee  |                 |              |                |          |              |              |                |          |                    |          |          |          |          |          |     |     |     |                    |                                     |  |     |    |     |    |  |  |                            |                            |                 |          |                           |     |     |       |                    |       |  |     |     |      |                   |      |  |     |     |        |                  |        |   |     |     |     |                    |    |  |     |     |     |                        |     |   |                            |                 |          |     |     |  |   |                        |       |     |     |   |    |                                   |       |     |     |  |     |                                       |     |     |     |                  |    |  |     |     |     |  |   |  |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |                                   |  |  |  |  |  |  |
| 114   | 160                        | 214             | 80           | Provisional filing fee  |                 |              |                |          |              |              |                |          |                    |          |          |          |          |          |     |     |     |                    |                                     |  |     |    |     |    |  |  |                            |                            |                 |          |                           |     |     |       |                    |       |  |     |     |      |                   |      |  |     |     |        |                  |        |   |     |     |     |                    |    |  |     |     |     |                        |     |   |                            |                 |          |     |     |  |   |                        |       |     |     |   |    |                                   |       |     |     |  |     |                                       |     |     |     |                  |    |  |     |     |     |  |   |  |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |                                   |  |  |  |  |  |  |
| Large Entity Fee Code (\$)  | Small Entity Fee Code (\$) | Fee Description | Fee Paid     |   |                 |              |                |          |              |              |                |          |                    |          |          |          |          |          |     |     |     |                    |                                     |  |     |    |     |    |  |  |                            |                            |                 |          |                           |     |     |       |                    |       |  |     |     |      |                   |      |  |     |     |        |                  |        |   |     |     |     |                    |    |  |     |     |     |                        |     |   |                            |                 |          |     |     |  |   |                        |       |     |     |   |    |                                   |       |     |     |  |     |                                       |     |     |     |                  |    |  |     |     |     |  |   |  |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |                                   |  |  |  |  |  |  |
| 103   | 18                         | 203             | 9            | Claims in excess of 20  |                 |              |                |          |              |              |                |          |                    |          |          |          |          |          |     |     |     |                    |                                     |  |     |    |     |    |  |  |                            |                            |                 |          |                           |     |     |       |                    |       |  |     |     |      |                   |      |  |     |     |        |                  |        |   |     |     |     |                    |    |  |     |     |     |                        |     |   |                            |                 |          |     |     |  |   |                        |       |     |     |   |    |                                   |       |     |     |  |     |                                       |     |     |     |                  |    |  |     |     |     |  |   |  |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |                                   |  |  |  |  |  |  |
| 102   | 84                         | 202             | 42           | Independent claims in excess of 3   |                 |              |                |          |              |              |                |          |                    |          |          |          |          |          |     |     |     |                    |                                     |  |     |    |     |    |  |  |                            |                            |                 |          |                           |     |     |       |                    |       |  |     |     |      |                   |      |  |     |     |        |                  |        |   |     |     |     |                    |    |  |     |     |     |                        |     |   |                            |                 |          |     |     |  |   |                        |       |     |     |   |    |                                   |       |     |     |  |     |                                       |     |     |     |                  |    |  |     |     |     |  |   |  |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |                                   |  |  |  |  |  |  |
| 104   | 280                        | 204             | 140          | Multiple dependent claim, if not paid   |                 |              |                |          |              |              |                |          |                    |          |          |          |          |          |     |     |     |                    |                                     |  |     |    |     |    |  |  |                            |                            |                 |          |                           |     |     |       |                    |       |  |     |     |      |                   |      |  |     |     |        |                  |        |   |     |     |     |                    |    |  |     |     |     |                        |     |   |                            |                 |          |     |     |  |   |                        |       |     |     |   |    |                                   |       |     |     |  |     |                                       |     |     |     |                  |    |  |     |     |     |  |   |  |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |                                   |  |  |  |  |  |  |
| 109   | 84                         | 209             | 42           | ** Reissue independent claims over original patent  |                 |              |                |          |              |              |                |          |                    |          |          |          |          |          |     |     |     |                    |                                     |  |     |    |     |    |  |  |                            |                            |                 |          |                           |     |     |       |                    |       |  |     |     |      |                   |      |  |     |     |        |                  |        |   |     |     |     |                    |    |  |     |     |     |                        |     |   |                            |                 |          |     |     |  |   |                        |       |     |     |   |    |                                   |       |     |     |  |     |                                       |     |     |     |                  |    |  |     |     |     |  |   |  |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |                                   |  |  |  |  |  |  |
| 110   | 18                         | 210             | 9            | ** Reissue claims in excess of 20 and over original patent  |                 |              |                |          |              |              |                |          |                    |          |          |          |          |          |     |     |     |                    |                                     |  |     |    |     |    |  |  |                            |                            |                 |          |                           |     |     |       |                    |       |  |     |     |      |                   |      |  |     |     |        |                  |        |   |     |     |     |                    |    |  |     |     |     |                        |     |   |                            |                 |          |     |     |  |   |                        |       |     |     |   |    |                                   |       |     |     |  |     |                                       |     |     |     |                  |    |  |     |     |     |  |   |  |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |                                   |  |  |  |  |  |  |

\*\*or number previously paid, if greater; For Reissues, see above

| SUBMITTED BY             |   |                                  |        |           |                  |
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| Complete (if applicable) |   |                                  |        |           |                  |
| Name (Print/Type)        | Sumeet Magoon   | Registration No. Attorney/Agent) | 43,769 | Telephone | (202) 220-4274   |
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**NONPUBLICATION REQUEST  
UNDER  
35 U.S.C. 122(b)(2)(B)(i)**

|                      |  |
|----------------------|--|
| First Named Inventor | LO, et al.   |
| Title                | MEHOD FOR COMBINING COMMUNICATION BEAMS IN A WIRELESS COMMUNICATION SYSTEM |
| Atty Docket Number   | 12177/13802  |

I hereby certify that the invention disclosed in the attached application **has not and will not be** the subject of an application filed in another country, or under a multilateral agreement, that requires publication at eighteen months after filing. I hereby request that the attached application not be published under 35 U.S.C. 122(b).

January 16, 2002

Date

Signature

Sumeet Magoon

Typed or printed name

This request must be signed in compliance with 37 CFR 1.33(b) and submitted with the application **upon filing**.

Applicant may rescind this nonpublication request at any time. If applicant rescinds a request that an application not be published under 35 U.S.C. 122(b), the application will be scheduled for publication at eighteen months from the earliest claimed filing date for which a benefit is claimed.

If applicant subsequently files an application directed to the invention disclosed in the attached application in another country, or under a multilateral international agreement, that requires publication of applications eighteen months after filing, the applicant **must** notify the United States Patent and Trademark Office of such filing within forty-five (45) days after the date of the filing of such foreign or international application. **Failure to do so will result in abandonment of this application (35 U.S.C. 122(b)(2)(B)(iii)).**

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